Michigan State Housing Development Authority LOW INCOME HOUSING TAX CREDIT PROGRAM

ANNUAL PROJECT SUMMARY

I.	PROJECT DATA	PERIOD COVERED:				
	report must be completed annually e 12 months, from January 1 to De	y during each year of the compliance period and cover the ecember 31.				
Proj	ect Name:	BIN Number(s):				
Add	ress of Project:					
Own	ner:					
Num	nber of Buildings:	First Year Tax Credits Claimed:				
II.	OCCUPANCY INFORMATION					
	Chosen percentage of set-aside units: (COMPLETE ONE)					
	20% of units @ 50% of Median Income					
	40% of units @ 60% of Med	ian Income				
	☐ 100% of units at% o	f Median Income				
	Other:% of units a	at% of Median Income				
III.	RENTAL INFORMATION					
	Total Units Occupied by or Reserved for Low Income Tenants:					
	Total Units Occupied by or Reserved for Market Rate Tenants:					
	Model/Office or Employee-Occupied Units (Unit #):					
	Total of Units in Project:					

IV. LOW INCOME UNITS

Complete the following chart, detailing every household which occupied a unit at any time during the 12 month compliance period, including those now vacant. Indicate those units that are employee-occupied or model/office units.

Unit #	Tenant Name	House- hold Size	# of Bed- rooms	Age of Head of Household	Date of Annual Recertification	% of AMGI*	Develop- mentally Disabled
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
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							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No
							□Yes □No

^{*}If the project has multiple income targeting levels, indicate the percent of area median gross income that the household is being counted as meeting.